

Best Available Copy

CLAIMS ONLY						Application Number 10-612229		Filing Date					
						Applicant(s)							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend							
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50							100						
Total Indep.							Total Indep.						
Total Depend.							Total Depend.						
Total Claims							Total Claims						